

# NIH Labor-Management Partnership Council Meeting Minutes

## Tuesday, September 17, 2002

Attendees: Howard Hochman, Clyde Bartz, Charles Palmer, Linda Tarlow, Tom Fitzpatrick, Rita Sweeney, Michael Showers, Karen Sikes, Tim Wheelles, Charly Wells, Dwayne Parris, Tim Tosten, Joe D'Ambrosio, Richard Laubach, Ed Burns, Kenneth Joholske, Fred Walker, Helene Noble, Rich Drury, John Gimperling and Barry Kevin.

Facilitator: Fern Kaufman.

Old Business: Minutes of the August 21, 2002 meeting were reviewed and approved.

### New Business

A-76 update: Mr. Tom Fitzpatrick, Director, Commercial Activities, Division of Management Support (DMS), OD, briefed the Council. The RFQ for contract support has been approved. Work is moving forward, interviewing contractors and getting the communications plan in place. Mr. Laubach asked if the union would have any input during the contractor selection process. He stated that the unions have a great deal of exposure to the functions being considered under A-76, and they could offer something positive on the issue. Mr. Fitzpatrick said that, as things are they would not, and he didn't see how that could possibly come about before the end of the fiscal year on Sept. 30<sup>th</sup>.

NIH Workforce Plan: Mr. Richard Drury, Director, Human Resources Technology Development Division, OD/OHRM, provided a briefing on the NIH Strategic Workforce Plan. In response to the Human Capital Section of the President's Management Agenda, Secretary Thompson has issued guidance that has led NIH to take a more thorough approach to workforce planning – to "Get to Green". The plan itself is a document that is still in a "draft" phase, but any suggestions for improvement or clarification are encouraged. A few observations:

- NIH's workforce is getting older. Large numbers of employees are projected to be eligible to retire in the next few years.
- NIH's turnover is relatively small.
- Maintaining a diverse workforce will become more challenging.
- Information Technology: advance such as the NBS will change the make-up of the workforce by requiring fewer low lever administrative employees.
- The construction of the Bio-Terrorism center.
- Competitive sourcing: re-hires by contractors or reassignments.
- Consolidations: HR has been first, but others will follow (budgeting, procurement, contracts, IT, financial management, etc.).
- Succession planning; preparing a pool of people ready to assume duties at some time in the future.

In implementing the Secretary's de-layering initiative, Voluntary Early Retirement Authority (VERA) has been requested. That is still in the OS awaiting a decision. VERA authority will apply to positions affected by A-76. A question was asked as to whether Buy-out authority has been granted. Mr. Fred Walker stated it had not – that

would require legislation. Legislation would also be required for any relief of the early retirement penalty. For position affected by A-76, NIH has a policy of no Reductions in Force (RIF) and will dedicate the resources to retrain any displaced workers. Appendix 4 of the Plan deals with the methods to be used to place or retrain workers. At the conclusion of the briefing, Mr. Richard Laubach had numerous concerns about the document. His concerns are outline in an attachment to these minutes.

Ensuring EEO affirmative action plans are not being violated when NIH is implementing the Fair Act: Mr. Richard Laubach, AFGE - ORS, stated that it seems to him that Affirmative Action plans and racial composition of the workgroups are not being considered in the A-76 process. For example, the Stone Street Printing Plant is over-represented by African- Americans, and due to the recent actions taken there it would lead one to believe they are being impacted disproportionately.

Mr. John Gimperling, NIH Office of Equal Opportunity and Diversity Management, explained that the agency's annual affirmative action plan for minorities and women is based on representational figures gathered once a year in September, and focuses on employment matters that affect these groups of employees (recruitment, reassignments, realignments, etc.). Mr. Laubach asked whether the agency is looking at the composition of groups that will be affected by A-76 and judging the impact. He thinks that disparate treatment may be occurring and wonders if a corporate plan is in place to address this. Mr. Charly Wells, also from the Office of Equal Opportunity and Diversity Management, explained that he sits on the A-76 steering committee, a body that looks at these issues and he is not aware of any problems in this area.

NIH Cafeteria Services: Mr. Clyde Bartz, FOP, discussed the perception of his workers that the prices in the various dining facilities around campus are too high and the quality and quantity of the food was too low. He stated that it has become routine for his workers to go out to restaurants in town to get food during the workday due to their dissatisfaction with what is available on campus. Also, as a police officer he must dedicate additional staff to deal with the ever-increasing number of food delivery people during the lunch hours as workers order food out instead of eating in the dining facilities. Overall, this leads to the impression that the current services that are being provided are not meeting the needs of the NIH workforce.

Mr. Tim Tosten and Mr. Dwayne Parris, ORS, spoke to this issue. They are the managers responsible for overseeing the contractors providing these services. Mr. Parris provided handouts and his business card to all attendees, and presented on overview of the arrangements. Eurest won the contract in the year 2000 for the major dining facilities on campus for 10 years with the possibility of a 5-year extension. As part of the contract they must invest \$2 million to upgrade the facilities and they agreed to maintain a District Manager onsite. Mr. Parris' office surveys customers two times per year to gauge satisfaction. The results, ratings and comments, enable them to request changes and the contractors have been responsive to suggested changes. One of the handouts provided displayed the Winter 2002 results of the Point of Sale survey (over 1,000 customer surveyed) using a 1-5 scale (1 poor - 5 high), that customers rated *taste and the flavor of food* at 3.18 (Eurest had their overall average as 3.28). The average rating for the *variety of price* measure was 2.32 (Eurest had the same 2.32 average). While prices may seem

high, his office does do price comparisons with restaurants in the surrounding community, and the prices on campus are competitive. The handout provides a cost comparison between the on campus facilities and two government cafeterias in downtown DC. People also need to keep in mind that Bethesda is a high cost area. A question was asked about the possibility of bringing in some chain-type vendors. Mr. Parris explain that SBARRO and Memphis BBQ are open in Building 10, and their prices are set on a nationwide basis by the chain; NIH does not control their prices. The contract stipulates that Eurest must maintain these branded items at their national price levels. Mr. Ed Burns wanted to know how they could justify charging those prices when the government pays the cost of the building and maintenance; he knows this because he provides the maintenance. Mr. Parris acknowledged that was true, but that is the contract arrangement. A variety of alternative options were offered, such as a food court of chain restaurants or a McDonalds like the Navy base across the street, or more mobile food vendors. As it stands there is no space available and no plans to pursue additional vendors. The contract states that Eurest will be the provider of food service on the campus with the exception of the Maryland Business Enterprise Program for the Blind. Mr. Burns also asked why the food in the cafeteria of building 38A is so much cheaper than the other facilities, and Mr. Parris explained that the vendor there is covered by the Randolph-Shepard, which applies to facilities operated by blind contractors, and is exempt from the requirement of all the other vendors of hiring union workers. The vendor's employee costs are lower, so their food prices are lower.

In closing, Mr. Parris said one of his biggest hurdles is getting the word out about the channels that employees have of voicing their level of satisfaction of these services. The contractors are receptive to suggested improvements. Also, anyone is welcome to join him as he canvasses local area restaurants for comparative prices.

#### Miscellaneous Issues:

- Mr. Charles Palmer, OD/OHRM, stated that CIT would soon be installing filters on the servers that would prevent people from accessing prohibited websites from their desktop computers.
- Mr. Laubach asked that Mr. Fitzpatrick or Mr. Wheelles provide information on the process of competing functions that have previously been contracted out, and could possibly be performed more cost effectively in-house.

## **Concerns raised by AFGE Local 2419 on NIH Strategic Workforce Plan and the Fair Act A-76 and EEO**

(September 12, 2002) Presented at NIH Partnership meeting on 09/17/02.

The below comments, questions, and requests are hereby submitted to the Recording Secretary of the NIH Labor Management Partnership Council for incorporation into the Official Record of the September 2002 Partnership Council meeting.

1. Under Demand Gap Analysis who will implement, and when can we expect to see this phase of the plan take place?
2. Many groups are already facing changes without the benefit of this plan, why?
3. Under Workforce Supply Analysis core occupational groups it identifies "Printing Management GS-1645" as a core and needed group. In regards to that finding, why is the NIH the ORS Division of Support Services, Reprographics Communication Branch abolishing and transferring 15 FTE positions out of their work specialty "Printing" and retraining them for jobs and work outside their respective specialties, and not in line with the NIH identified core positions in the Strategic Workforce Plan?
4. Under Employee Knowledge, Skills and Abilities, there is no mention as to the needs of the Wage Grade employees training, or their abilities to support the critical needs of the NIH in supporting the Agency mission, why?
5. Under Research Facilities it states that management services may shift to a centralized provider, who will that be, and when will this change take effect if at all?
6. Under Competitive Sourcing the President's Management Agenda calls for cost comparisons, while we see areas just giving the work away to other agencies thru ISSA agreements without any cost comparisons, why?
7. Under Information Technology Impacts #2 E-Grants it identifies the need for increased electronic grants management specialists. Why did the NIH ORS DSS/RCB management on 01/18/01 issue an inter agency agreement contracting out the e-grants work to Defense Logistics Agency, Automated Document Processing? Why are the same managers now trying to use that loss of work to justify the abolishment of 15 FTE positions within the ORS DSS/RCB without retraining the employees in that unit to do the e-grants work?
8. Under Succession Planning it states that "NIH top executives should focus on early identification and grooming of individuals with leadership potential throughout the organization". This statement is pre selection and is against basic merit system principals and violates federal law. This trend of thought sends a dangerous message to all NIH staff and needs to be removed from this document in its entirety.

9. Under Organizational De-Layering #3 it clearly states that all effected IC's including ORS have devised plans to restructure, where are the plans, when will the Unions be given a copy?
10. Under the HHS Recruitment & Retention Strategy table of contents it lists as B. partner with professional, educational, and minority organizations, why are the Unions not also included as partners?
11. HHS Workforce data section failed to report or identify the critical shortage of manpower in the NIH Police area and the DES/PWB work areas such as building maintenance and power plant maintenance.
12. Under Organizational De-layering Plan ORS is to have a working group established by the week of 08/12/02, where is the group and why have the Unions not been informed of the status?
13. Under Appendix 2-HHS "Recruitment and Retention Strategy" Table of Contents IIIB. Lists that Agencies should partner with Professional, Educational, and Minority Organizations, why are Unions not listed?
14. Under the same section as question 13 HHS Workforce why are Federal Police Officers and Trade or Wage positions not listed?
15. Under Appendix 4 Background, why were Unions not included on the steering committee for implementation of the Fair Act.
16. Under Appendix 4 Principals, the NIH has only committed to a minimum level of retraining why? Such action will place additional stress and workload on displaced employees. The fact of only providing the minimum training places employees in a poor working situation in relation to the peers they are evaluated and compete with, and places additional burden on the individual employee to make up the deference. In fact many employees are choosing to leave the NIH and find work elsewhere because of the issue oof forced change. Once our core quality people are gone we will have a serious human capitol shortage that we will have a difficult time recovering from.
17. Under Appendix 4 Career Counseling and Outplacement foot notes state that contractors will conduct the cost-comparison studies, is that allowed under current law and government wide regulations?

18. Under Appendix 4 Retraining and Redeployment of Affected Staff in the June 2002 NHI Strategic Workforce Plan, it was proposed that wage positions should be converted to general schedule positions, we would like to see that concept reinstated into the final NIH Workforce Plan. Many of the wage positions over the past ten years have become very technical as technology has advanced so have the respective skill sets required of the employees, many of the current trades and craft employees could and should be converted to GS-technicians. Such a move would improve employee moral and pay, and would better insulate the NIH from the Fair Act and additional losses of FTE's.

19. Again under Appendix 4 Retraining and Redeployment of Affected Staff the Agency has proposed that employees sign an agreement to leave the NIH voluntarily if they can meet minimum requirements of a designed retraining program, this proposed action appears to not be legal, and contrary to the HHS secretary's promise that no one will lose their job.

20. Under Appendix 5 we would like to request a breakdown of exactly what FTE positions are listed on the report to OMB by job grade, series, or function, and where the positions work or are located at the NIH to the lowest possible level.

21. General issue in relation to the NIH implementation of the Fair Act and the A76 Circular. Many of the work groups at the NIH are over represented by minorities. There are different reasons why this situation has developed, typically historical development has been a major factor with general trades or professions following. The grouping of any protected class of minority within any certain work group at the NIH should be of concern when looking at specific work groups or areas for Fair Act and A-76 impact.

The issue and impact of how the NIH is implementing the provisions of federal rules and regulations of the Fair Act and A-76 Circular, and the impact that it will have on minorities in the work place. Does NIH have a plan of action to protect minority class work groups that are over represented by any recognized class of minority, from impacts caused by Agency actions under the Fair Act and the A-76 process?

Has the NIH Affirmative Action Plan been reviewed and adjusted to compensate or protect minority class employees from excessive class impact from Fair Act and A-76.

Respectfully for  
AFGE Local 2419

Richard A. Laubach  
President